

did not meet the prospective parents. Two weeks after her donation, Weisheyer got a call from the couple's lawyer informing her that the wife was pregnant.

After the donation, the couple sent Weisheyer a large bouquet of flowers and gift certificates to Toys 'R' Us for Weisheyer's three children, "I was in tears," Weisheyer said. "Just hearing they were pregnant was enough for me. Just to know that I had helped them to accomplish their dream. I was on cloud nine all day."

Mr. FRIST. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. FRIST. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. FRIST. Mr. President, I ask unanimous consent that I be given 15 minutes in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

BIOTERRORISM

Mr. FRIST. Mr. President, I rise to speak regarding a topic that has emerged dramatically over the past 7 weeks, a topic that everybody in the United States of America has thought about, a topic that many of us in the Senate have been thinking about over the last 3 years. That topic is the use of viruses, bacteria, and other germs as bioterrorist weapons.

Going back 3 years when the Senate Public Health Subcommittee began to look at the issue of bioterrorism, we had a series of hearings to study in depth the ability of our Nation's public health infrastructure. Those three words—"public health infrastructure"—are words about which we hear a lot. People ask me: What is the public health infrastructure? I will address that question in a few minutes.

The public health infrastructure is the basis of our preparedness and response to such bioterrorist attacks—who we call if something happens, what they do, who does the test, how they communicate with each other, and how quickly they respond. When we began addressing the issue of bioterrorism, we wanted to look at the local, State, and national level. We wanted to examine how those systems respond to public health threats.

We had a series of hearings beginning 3 years ago focused specifically on our preparedness to respond to a bioterrorist attack—the use of viruses, bacteria, and germs with the intent to create terror or to kill. The testimony of the witnesses fascinated me because few people were talking about bioterrorism. Our intelligence community was looking at it internationally, but people on the street corners, on Main Street, or in town squares were not

thinking about bioterrorism 3 years ago.

After listening to these witnesses, it was very clear that it was no longer a question of "if" there would be a bioterrorist attack, but "when, where, and how." When it did occur, we knew that a bioterrorist attack would not only occur on foreign soil but also on the soil of the United States.

These hearings also made equally clear to those of us on the subcommittee that the threat, the risk, was increasing and that our Nation was not fully prepared to meet the potential risk that could present.

As legislators do, we listened intently. We talked to the American people. We collected more information, and then we wrote a bill called the Public Health Threats and Emergencies Act. That bill had as its main goal two things—coordination of response and improvement of public health infrastructure. The coordination was two-fold horizontal, or coordination of all the different local organizations, entities, agencies at the point of the attack; and vertical, or coordination of the Federal, State, and local agencies that would all have a responsibility to respond.

The second goal of this crucial legislation was to improve the resources to support the public health infrastructure, principally at the State and local level. I encourage my colleagues to consider what they would do if there was a bioterrorist attack at their home or at their work. Given what occurred in the Hart Building just last month, that consideration should not be too difficult.

We passed that bill, and that bill was actually signed into law about a year ago, long before September 11. It was referred to the floor by the Health, Education, Labor, and Pensions Committee through the Subcommittee on Public Health. At the time, I chaired that subcommittee, and Senator KENNEDY was the ranking member. Both Senator KENNEDY and I have continued our interest in this topic over the last 3 years.

In terms of bioterrorism, what did September 11 and the ensuing events around the country do? It took what we thought was low risk and high vulnerability to a bioterrorist attack and made us realize that there was high risk and high vulnerability. As things appeared in the news and we learned about new inhalation anthrax cases, we realized our risks had increased markedly after September 11, and that our vulnerabilities, which we knew were high, were more clearly defined.

We know where the gaps are today because we have learned from the events of the past 3 months. We knew that some gaps existed, but the public health infrastructure is so large that it was difficult to determine exactly where those gaps were without having

a specific challenge to the system. I mention that because now is the time to act. We did not have all of the information when we passed the Public Health Threats and Emergencies Act, but we had the foundation a framework that focused on prevention, preparedness, and consequence management. That same framework is still valid, and we now know where those defined gaps in the public health infrastructure are.

We are now aware of our increased risks and defined vulnerabilities or gaps in the system. Now is the time to address those gaps before we have another challenge to our system. We have a responsibility to the American people, to the people on Main Street, to the people in Alamo, TN—people who might not be thinking about what our government should be doing. It is our responsibility as government officials in the Federal, State, and local level to fill those gaps.

Eighteen people have already been infected with anthrax. Another five or so suspicious cases are currently being examined. Five have already died. I have had the opportunity to see firsthand how these few cases have stretched our public health infrastructure, have stressed the people who respond—the medical and laboratory personnel. The number of anthrax diagnostic tests have overwhelmed the system for these 18 cases.

It could have been worse. If the same amount of anthrax had been delivered by aerosolization, it would affected not 10, 15, 20, 30 people but clearly hundreds, indeed, thousands of people.

We have to act. We have 2 or 3 weeks before we leave. If we do not act, if we do not pass comprehensive legislation that looks at preparedness, prevention, and consequence management as well as filling the newly identified gaps, we have not fulfilled our responsibility to the American people.

We are learning more about anthrax and bioterrorism every day, and we need to continue to learn from these recent events. We do not know when and if there will be any future biological attacks, but we are on an alert now.

We know terrorists are around the world. We know what terrorists have said—Osama bin Laden has said that it is his religious duty to obtain biological weapons of mass destruction. We know that the same motivation that sent those airplanes into the World Trade Center and 2 miles from the Capitol at the Pentagon still exists. When that motivation for mass destruction is coupled with the hard evidence that Osama bin Laden and other terrorists intend to gain access to bacteria, to viruses, to germs, then we must conclude that the risk for bioterrorist attacks, whatever it was on September 9 or 10, is larger now and growing.

Again, we need to respond. We have already identified some vulnerabilities. Now is the time to respond. Because

the risk is increasing, we must have a real response.

What is our next step? I mentioned that the Public Health Threats and Emergencies Act of 2000 passed a year ago. It has the basic framework of prevention, preparedness, and consequence management. Now is the time to build on that framework. Now is the time to appropriate the funds for that act. We have not yet put significant money into supporting that public health infrastructure, that crucial link in protecting us from and responding to any future biological attacks. The Public Health Threats and Emergencies Act was never fully funded. I am not pointing the finger at anybody, but now is the time to fund those issues.

More resources for that infrastructure are needed. I would ask that you call your local public health official and ask that person: How stretched are you? How prepared are you if there is an outbreak of Salmonella, botulinum toxin, tularemia, smallpox, or anthrax in your community? Call them on the phone and see what they say. I know what they will say because I have talked to many of them lately. They will tell you that they have a few people working to address the issue, but they do not have the ability to communication with local hospitals, clinics, or other health care delivery systems. Your local public health official will tell you that they cannot rapidly identify those germs.

If one thinks of things such as smallpox—and this is not to be alarmist because I think the risk of smallpox is tiny—we need people to diagnosis it quickly, communicate rapidly, and make sure the vaccines get there on time. If the system operates properly, then we would be okay.

I mention all this because a week ago Thursday, I, along with Senator KENNEDY and 40 of our colleagues, introduced a bill called the Bioterrorism Preparedness Act of 2001. We entered statements into the RECORD but did not have time to actually speak on the particular bill. I encourage my colleagues to read the bill and its summary. You can find two summaries—a one-page summary and a six-page summary—120-page bill on my website.

The Bioterrorism Preparedness Act of 2001 incorporates the recommendations by President Bush to improve the national pharmaceutical stockpile. It includes authorized funding for the development of additional doses of the smallpox vaccine. It includes the funding to help encourage the development of additional vaccines and other bioterrorism countermeasures.

Given the whole host of germs available for use—tularemia, anthrax, smallpox, botulinum toxins—we cannot concentrate on one virus or bacteria or other germ because the terrorists, if they want to, will simply move to another germ once we have developed an

appropriate response. Therefore, a vaccine, although an important part of the comprehensive policy, is not the complete answer to the risk of germ warfare.

In our bill, we also provide substantial additional funds, over \$1 billion to the States and local communities, to improve the public health infrastructure. If something happens to someone's daughter and/or son and they suspect bioterrorism, we call on the public health infrastructure. What we need to do is have them prepared to receive that phone call and to respond in an effective way, and we provide the funds to make sure they are prepared to receive that phone call.

In our bill, we look at revitalizing the Centers for Disease Control and Prevention's training initiatives. We look at response capabilities. We look at epidemiologic capacity.

We do not disturb the Federal funding established under the Public Health Threats and Emergencies Act that goes into the core facility laboratories, the public health capacities. In fact, we broaden the funding streams and increase the authorization for these capacity-building activities.

Not only will these additional funds assist us in the event of another biological attack, but the strengthening of the public health infrastructure means that we will also be able to respond to other infectious diseases as well. No matter what infectious disease it is, whether it is a result of a terrorist attack or a natural-occurring disease, we need the same response—quick diagnosis, high surveillance, good communication, and quick treatment.

In our bill, there is also a section on food safety protections, which I hope my colleagues will examine. My number one priority is to ensure that we address all of the issues laid out in the bill because the bill focuses on the entire system required to respond to any future bioterrorist attack—a system dependent upon the public health infrastructure.

I close simply by saying we have made tremendous progress. Our colleagues have spent a lot of time looking at the issues in putting together this bill. I encourage them, once again, to look at what is in this bill and understand the comprehensive framework of prevention, preparedness, and consequence management as we move forward. The gaps have been defined in the public health infrastructure. Now is the time to respond. The Bioterrorism Preparedness Act gives that framework. I encourage my colleagues to support it when it comes to the floor.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DASCHLE. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

UNANIMOUS CONSENT REQUEST— H.R. 1140

Mr. DASCHLE. Mr. President, I announced this morning we would attempt to move to proceed to the railroad retirement bill. In consultation with our Republican colleagues, I am prepared to do that at this time.

I ask unanimous consent that the Finance Committee be discharged from further consideration of H.R. 1140, the Railroad Retirement Act, and the Senate proceed to its immediate consideration under the following limitation: that the only amendment in order be a substitute amendment offered by the chairman of the Finance Committee; and following the disposition of the amendment, the bill be read the third time, and the Senate vote on passage, with no intervening action or debate.

Mr. GRAMM. I object.

The PRESIDING OFFICER. The objection is heard.

Mr. DASCHLE. In light of this objection, I ask unanimous consent that the Finance Committee be discharged from further consideration of H.R. 1140, and that the Senate proceed to its immediate consideration.

Mr. GRAMM. I object.

The PRESIDING OFFICER. The objection is heard.

COMPREHENSIVE RETIREMENT SECURITY AND PENSION REFORM ACT OF 2001—MOTION TO PROCEED

Mr. DASCHLE. In light of this objection, I then ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 69, H.R. 10.

Mr. GRAMM. I object.

The PRESIDING OFFICER. The objection is heard.

CLOTURE MOTION

Mr. DASCHLE. In light of the objection, I move to proceed to Calendar No. 69, H.R. 10, and I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close the debate on the motion to proceed to Calendar No. 69, H.R. 10, an act to provide for pension reform and for other purposes:

Paul Wellstone, Richard Durbin, Byron Dorgan, Harry Reid, Jon